Case: 1:19-cv-00858-SO Doc #: 1 Filed: 04/17/19 1 of 5. PageID #: 1

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

2019 APR 17 AM 10: 28

# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OHIO

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(Enter above the full name of the plaintiff in this action)	civilcase19 CV 858
Eric Tuey, Exily Maniel, Daylas Dykos  Cli FFord pinking  (Enter above the full name of the defendant(s) in this action	JUDGE OLIVER COMPLAINT MAG. JUDGE BAUGHMAI
Previous Lawsuits	
<ul> <li>A. Have you begun other lawsuits in state or feder this action or otherwise relating to your impriso.</li> <li>B. If your answer to A is yes, describe the lawsuit lawsuit, describe the additional lawsuits on anoth.</li> <li>1. Parties to this previous lawsuit</li> </ul>	nment? YES NO
. Plaintiffs	the same of the same of the same
<u> </u>	
Defendants	
2. Court (if federal court, name the district; if state co	urt, name the county)
3. Docket Number	
4. Name of judge to whom case was assigned	

02/12 tlm; 4/13 vm; 9/17 hls

## <u>Instructions for Filing a Complaint by a Prisoner</u> <u>Under the Civil Rights Act 42 U.S.C. 1983</u>

#### This wacket includes:

- \*A Complaint Form
- \*A Civil Cover Sheet (2 pages)
- \*Summons Forms (with sample)
- \*Marshal Service Forms USM-285 (with sample)
- \*A Financial Application Packet, to include the following:
  - \*Application to Proceed Without the Prepayment of Fees
  - \*Affidavit of Prisoner
  - \*Request for Certified Account Statement & Acknowledgement of Understanding

To start an action, you must submit an original complaint, one copy of the complaint for every defendant listed, and one extra copy to be time stamped and returned to you. For example, if you name two defendants, you must provide the original and four copies of your complaint. All copies of the complaint must be identical to the original. <a href="IMPORTANT">IMPORTANT</a>: Make sure that if you have more than one plaintiff or defendant, the exact names in the exact same order are listed in the caption of the complaint, the Civil Cover Sheet, and the Financial Application.

Your complaint must be legibly handwritten or typed. You must sign the complaint. If you need additional space to answer a question, you may use an additional blank page (clearly marked with the number of the question which is continued on that page).

In order for this complaint to be filed, it must be accompanied by the filing fee of \$400.00. If you are unable to pay the filing fee for this action, you may file a Financial Application Packet, which is enclosed with this mailing.

An original plus one copy of the summons must be completed for each defendant. (Follow the sample.) If you are not paying the filing fee, you are required to complete and submit a USM-285 form for each defendant, with the correct name and address of each person you have named as a defendant so that the United States Marshal can complete service. (Follow the sample.)

When these forms are completed, mail the original, all necessary copies, and completed forms to the following address:

Office of the Clerk
United States District Court, Northern District of Ohio
Carl B. Stokes United States Courthouse
801 West Superior Avenue
Cleveland, OH 44113-1830

Failure to follow these instructions may delay the processing of your case.

#### III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of the Plaintiff Promise Woods 11 # 0141894

Address Programmes 5600 Jail-1-10-H Cleveland and 44101:

(In item B below, place the full name of the defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Use item C for the names, positions and places of employment of any additional defendants).

- B. Defendant her MILS Correction Director is employed as

  Correction Director at 1200 interiost cleve, Onio, 44113

  C. Additional Defendants CLIFF pinkney 1215 w3rd cleve, Onio, 44113

  Eric Ivey, Armond Budish, Douglas Dykes, Emily Mcneeley

  1200 Ontariost Cleveland, Onio, 44113.
- IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separated paragraph. Use as much space as you need. (Attach extra sheet(s) if necessary).

I three problets with Mental Illness and was persicised to Medication which im only recieving certain Medications instead of all of them also im Mot recieving Medications for My arthritis and Nerve Dattage Also I have complained about the Continuing Mose Bleads that I have Daily Because of the poor ventilation system that sin this Facility and I have EXEMA and I have complained VIA Kite and Grievance and Was Never treated

### (Statement of Claim Continued)

also the Fid trais that we Est off of shells like Fedes and their are always contaminated Water on the trais we don't recieve large Muscle recreation Because their always short of Staff and when in havin a hental health cirisis theirs No one to talk to ar help he With My problems I have execersized Every possible way to bet help kites Grievances and verbal Complaints to No Avail please help He this is arried and unlisual pinishment and I'm living in inhumane living Conditions Theres Black Mode and M Breathing in Ashestos Because the Meaycled Arr Filters are Not Being cleaned and their Air Filters are polluted those Living Conditions for Starting to Affect my health and Nas My health is deteriorating This is a cry For help please help he Before its too hate Also there is No law library For us to try to help our Case and We can't Communicate with Lawyers or Family Because of Pred Zonling. This 15 cruel and unissual purportent

Ψ.	Relief
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(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases of statutes)

For My Mental Stress pain and Softering

I Mould like to Be Fairly Compensated

For What I have Been Endiring I don't

Older Stand how were Being treated like this

Also I would like to recieve the proper

Mental health and Medical treat yent

Hont I Deserve and I would like access

to The Jaw librard and Enough time to call

and Commenced with Family and Friends.

Signed this 1th day of ADCI 20 19

I declare under penalty of perjury that the foregoing is true and correct.

4/11/2019 (Date)

(Signature of Plaintiff)